

PLANNING AND DEVELOPMENT DEPARTMENT



INSPECTION SERVICES DIVISION CITY OF HIGH POINT NORTH CAROLINA

ELECTRIC PERMIT REQUEST

DATE: _____

TO: CITY OF HIGH POINT, INSPECTION SERVICES DEPARTMENT
211 S. HAMILTON STREET, P.O. BOX 230
HIGH POINT, NC 27262

TEL. NO: (336/883-3180) FAX NO: (336/883-8518) TDD: (336/883-8517)

ADDRESS OF PROPERTY: _____

CONTACT PERSON: _____

ELECTRIC CONTRACTOR: _____ PHONE _____
Name

Street Address

City of High Point

State

Zip Code

CITY OF HIGH POINT CONTRACTOR NUMBER _____

ELECTRICAL CONTRACTOR'S STATE LICENSE NO. _____ TYPE _____

PROPERTY OWNER: _____ PHONE _____
Name

Street Address

City of High Point

State

Zip Code

RESIDENTIAL

- ☐ New Dwelling (size) _____
- ☐ Addition with Service Change

- ☐ Service Change Only
- ☐ Addition Only
- ☐ Temp. (Saw Service)
- ☐ Swimming Pool Bonding Only
- ☐ Air Conditioning Unit
- ☐ Furnace
- ☐ Hot tub
- ☐ Manufactured Home
- ☐ Modular Home
- ☐ Miscellaneous _____

COMMERCIAL

- ☐ Apartment (per unit)
- ☐ New Service (indicate amperage) _____
- ☐ Temp. (Saw Service)
- ☐ Outlets/Fixtures (indicate number) _____
- ☐ Motors (indicate horsepower) _____
- ☐ Repair
- ☐ Service Change
- ☐ X-Ray Machine
- ☐ Gasoline Pumps (indicate number) _____
- ☐ Welding Machine
- ☐ Furnace, Unit Heater
- ☐ Sign
- ☐ Air Conditioning Units (indicate number) _____
- ☐ Transformers (indicate KVA) _____
- ☐ Electric Heat (indicate no. of kilowatts) _____
- ☐ Miscellaneous _____
- ☐ Apartment (house meter)
- ☐ Load Control Device

SIGNATURE OF CONTRACTOR _____